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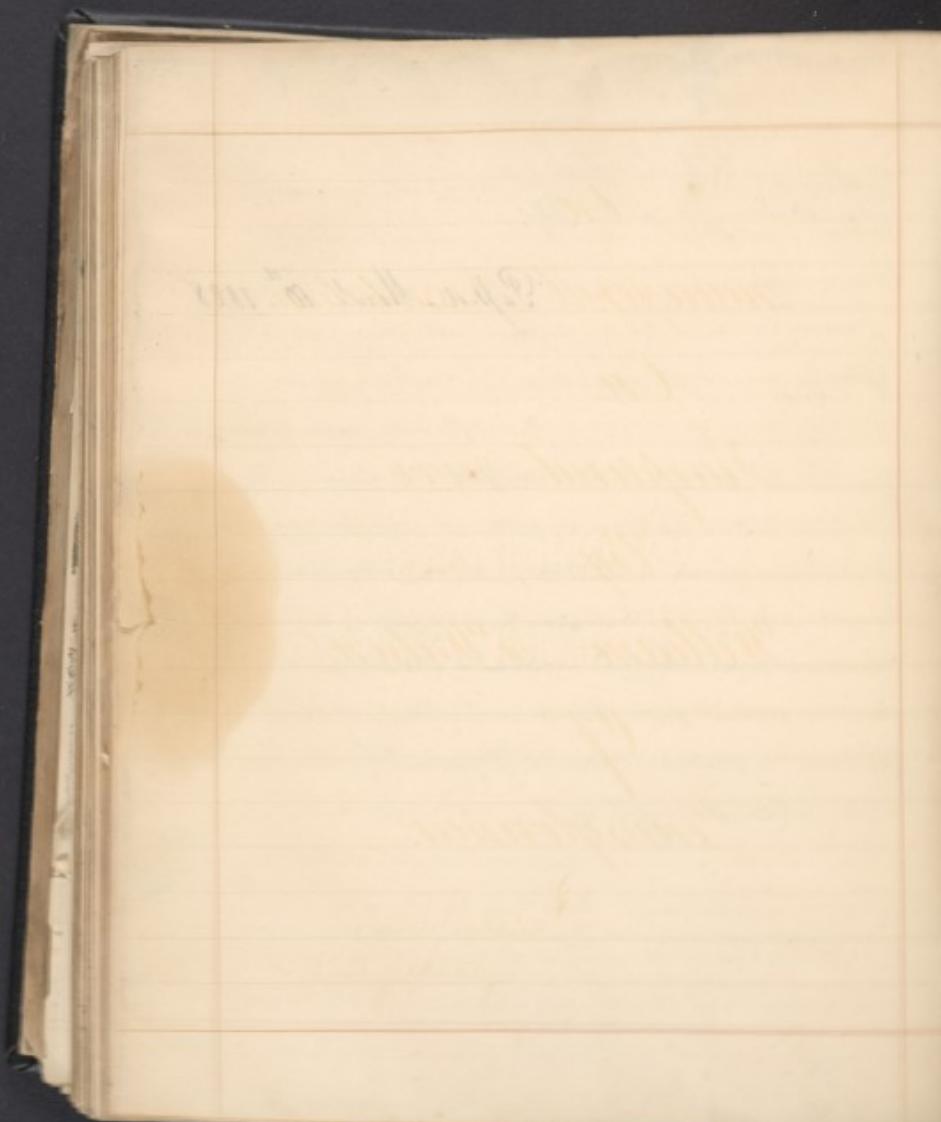
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Supplied by

By

William B. Wilson

Wm. B. Wilson



An
Inaugural Dissertation
On
Superficial Power
By
William Wilson,
Of
Pennsylvania.
Philadelphia
January 1st 1796.

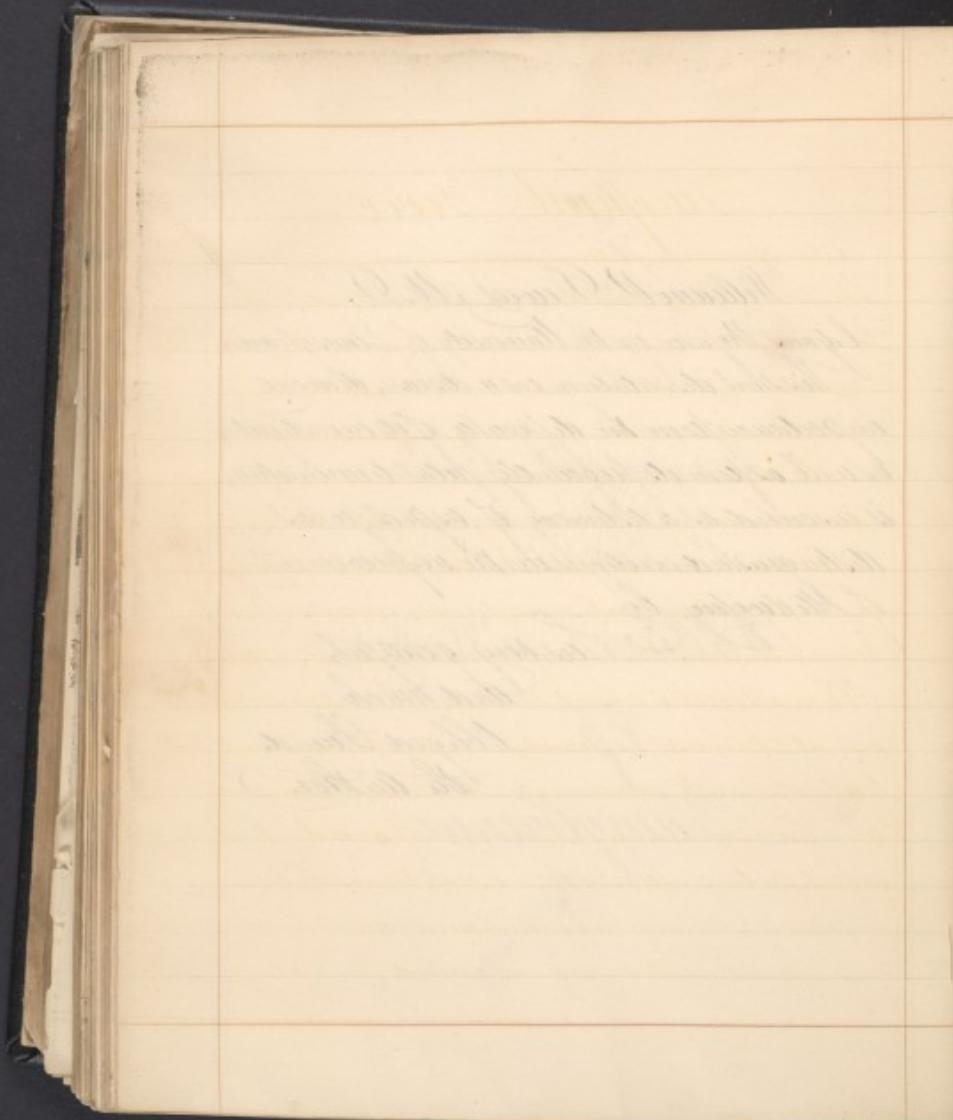
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William D. Dewey M.D.

Adjunct Professor in the University of Pennsylvania.
This short dissertation on a disease, deserving
importance from the difficulty of its investigation,
as well as from its frequently fatal termination,
is inscribed as a testimony of respect to his
distinguished exertions in the improvement
of Medicine by

Very great
and much

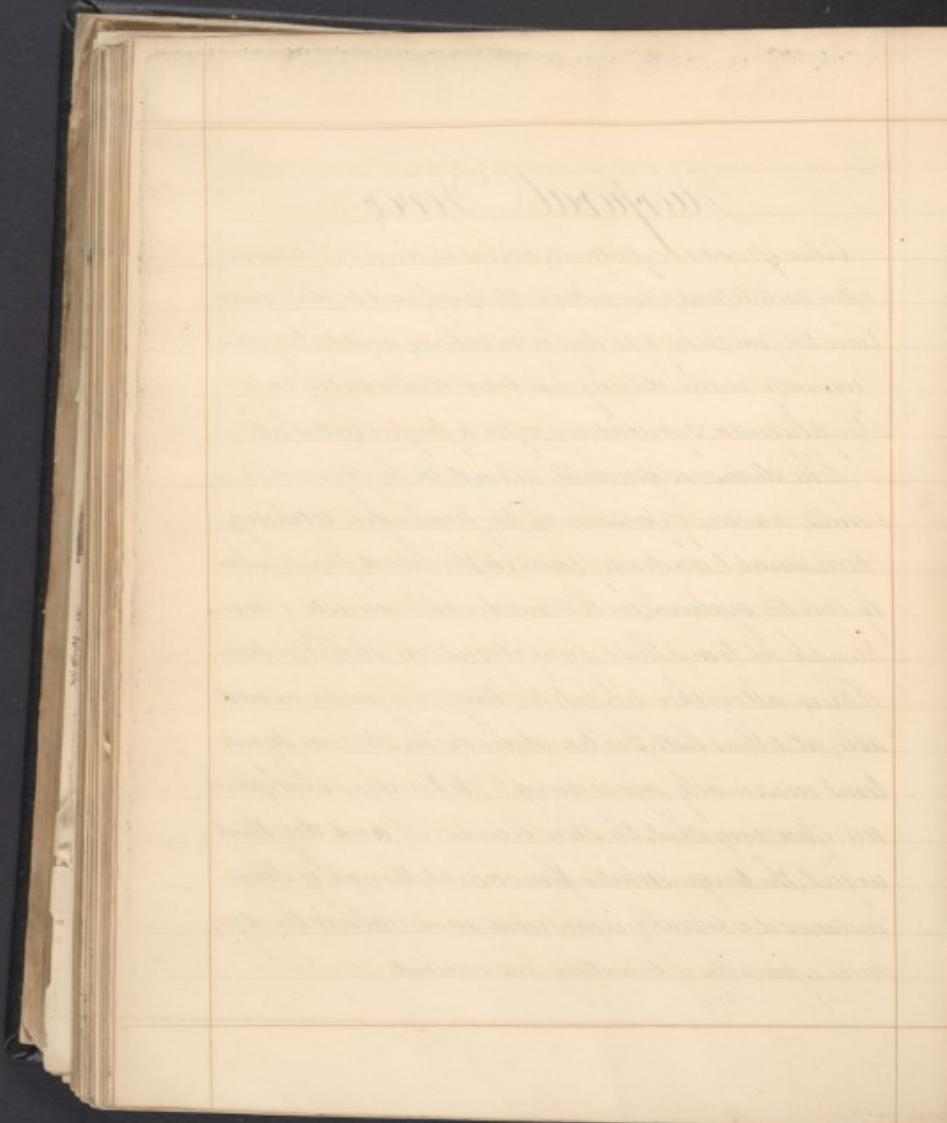
obliged Friends
the Author.



Puerperal Fever

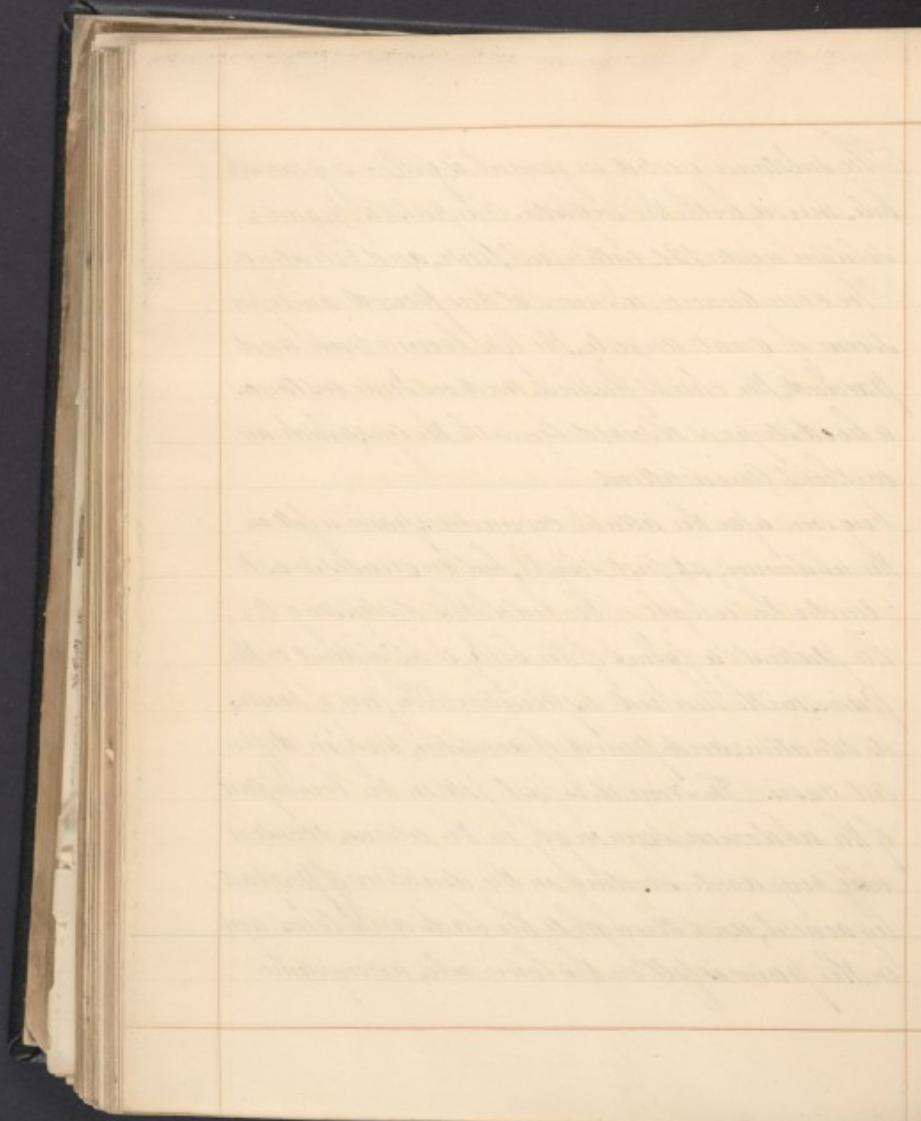
Each spastic or epileptic occurs at irregular periods after parturition often within 24 hours, and seldom later than the fourth or fifth day after labour, and takes place frequently where delivery has been unmercifully easy - the placenta separating after a proper interval.

The disease is generally ushered in by rigors and slight chills, nausea, oppression of the precordia, retching, occasional vomiting, pain in the head particularly over the eyebrows, with considerable anxiety of mind, though at times these symptoms are slight, or some of them altogether absent. the tongue sometimes irrit able at others listless or timid, with hysterical symptoms occasionally supervening. As the rigors abat, which are often very short, the skin becomes hot, and dry, thirst urgent, the tongue white than usual, though in some instances it is tolerably clear and moist, about the eyes, more especially if vomiting has occurred.



The substance ejected in general is yellow or greenish
bile, mixed with the ingesta. The pulse is frequent,
seldom under 120, rather full, tense, and vibratory.
The countenance assumes at this period an expression
of great anxiety; the lips become pale and
parched, the cheeks flushed, and in some instances
a livid stripe is observed beneath the eye, which are
without inflammation.

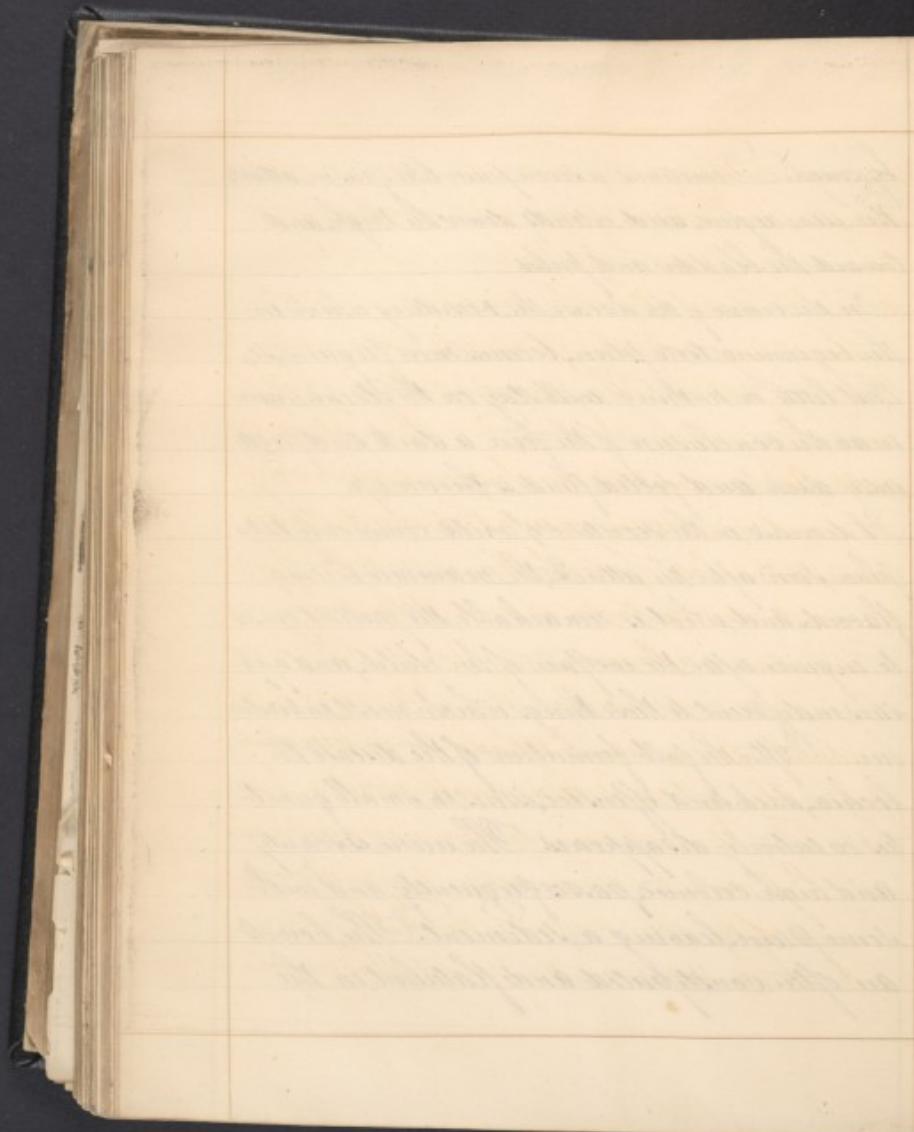
Very soon after the attack commences pain is felt in
the abdomen, at first slight, but increases, so as to
under the weight of the bedclothes distressing to
the patient: a fulness of the belly is attendant on the
pain, with hurried respiration. The place of pain,
its situation, and period of occurrence, vary in differ-
ent cases. Some it is first felt in the lower part
of the abdomen, strongly in the lateral, occasion-
ally very acute, shooting in the direction of pubes, or
legament, and through to the back and loins: again
the pain is felt in the lower ribs, accompanied



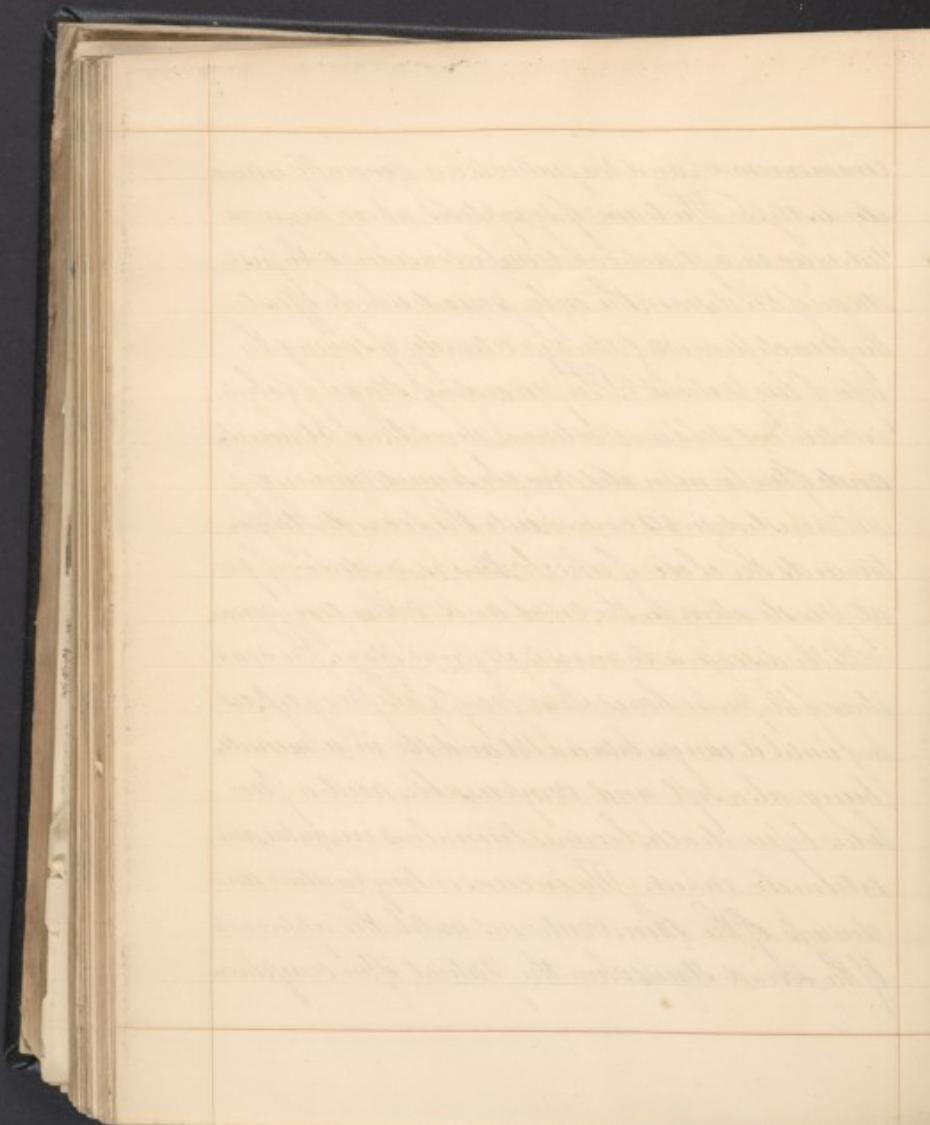
by cough. Sometimes a severe pain-like smart, attacks
the ure region, and extends down the thigh, and
toward the bladder and pubes.

In the course of the disease the vomiting which in
the beginning took place, becomes more frequently,
that little or nothing will stay on the stomach; and
near the conclusion of the fever a dark and fragr-
ently black and fetid fluid is thrown up.

A decrease in the secretion of milk commonly takes
place soon after the attack; the mammae become
flaccid, and what is remarkable, the patient cares
to inquire after the welfare of her child, and ap-
pears indifferent to those things which most interested
her. After the full formation of the disease the
lochia, dark and offensive, with small quantity
but continually disappears. The urine is scanty
and high coloured, passes frequently and with
some pain, leaving a sediment. The bowels
are often constipated and flatulent in the



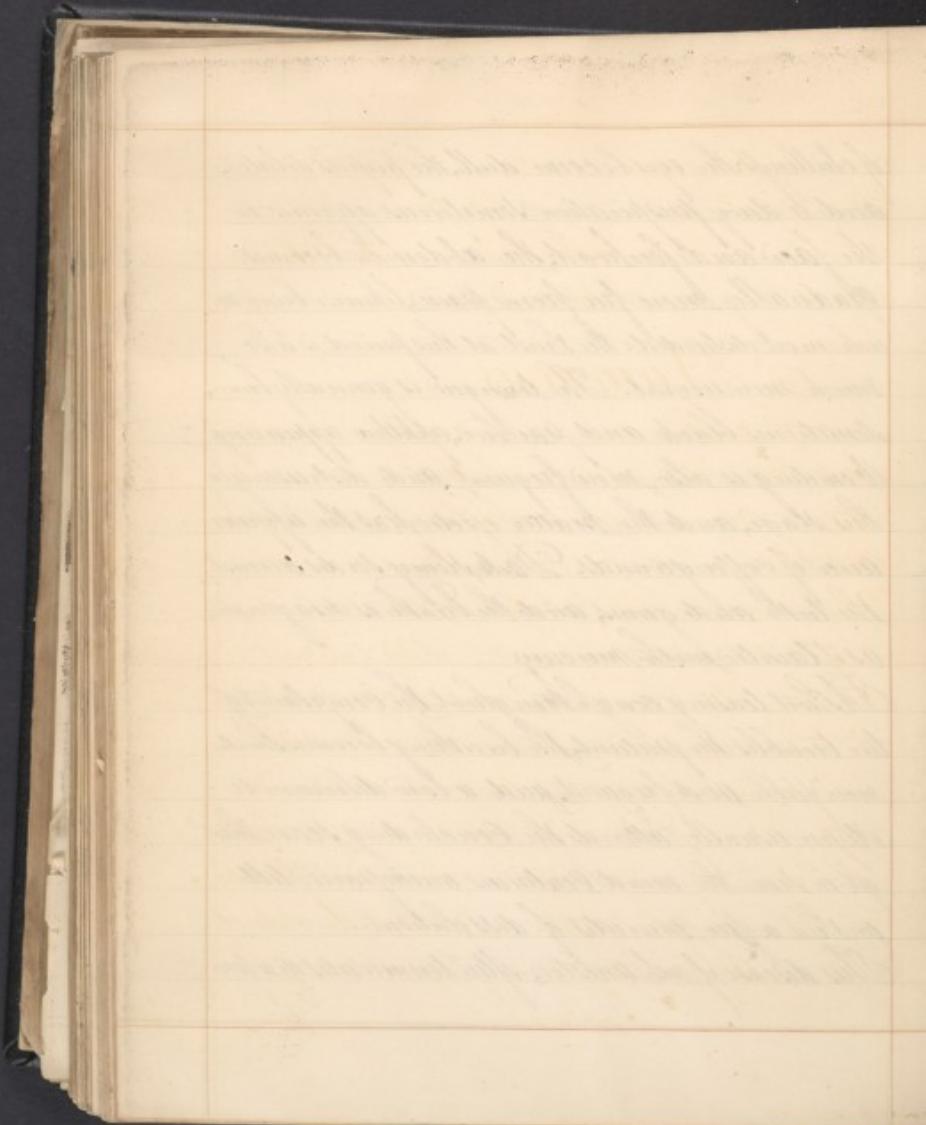
commencement, and the patients are generally extremely weakly. The train of symptoms above mentioned may in a practical view be considered the first stage of the disease; the only period which affords the practitioner a fair opportunity of tracing the life of his patient. The preceding stage of febrile excitement seldom continues more than 5 hours, and often terminates, much sooner, running if not arrested in its course, into the second stage, towards the close of which, there is evidence of great prostration in the vital and voluntary powers. As the disease advances to its final stage, the condition of the pulse bears clear proof of its progress, it increasing until it ranges between 140 and 160 in a minute, being also soft and compressible, and a few hours before death, becomes tremulous, irregular, and extremely rapid. The increased temperature and turgor of the skin, continues until the approach of the second stage, when the patient often complains



of chilling; the eyes become dull, the pupils dilated, and a dewy perspiration sometimes appears on the face and forehead; the abdomen becomes gradually more free from pain, likewise being much less distended. The heart at this period is also much more vacant. The tongue is generally brown, sometimes black and pustular, aphtha appearing. vomiting is also more frequent and distressing in this stage, and the matter ejected has the appearance of coffee-grounds. Dark, slimy stools继承着 the吐物 and vomit, and the breath is disagreeable, as it tainted with mercury.

After tearing of coagulated phlegm the complaints of the troubles the patient, the breathing becomes shorter, more rapid and frequent, and a low delirium or stupor usually attend the concluding stages. There is some time the mind continues with pain till within a few minutes of dissolution.

This disease if not quelled often terminates in a few

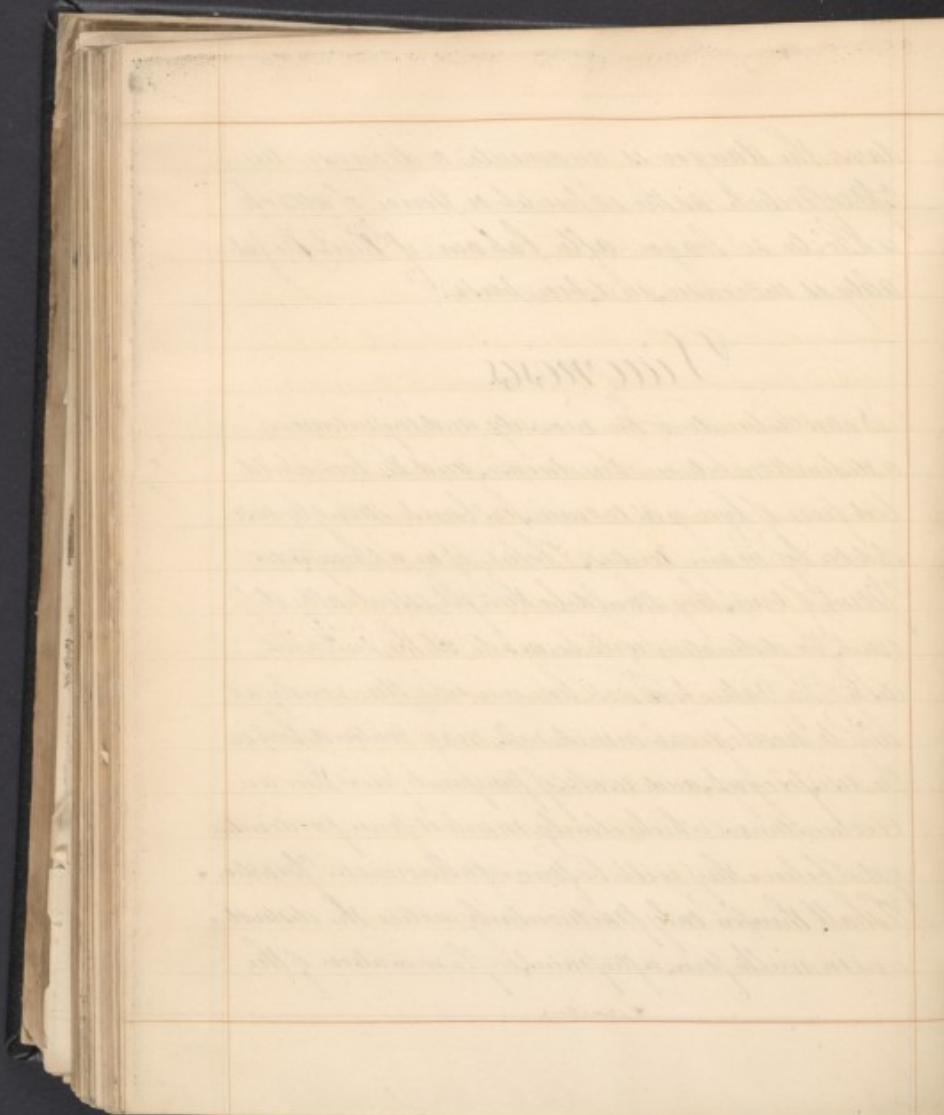


days. The daughter is augmented or decreased in
size which as the interval or period of attack
is shorter or longer after labour, & that the fat
ality is increased, & vice versa.

Diagnosis.

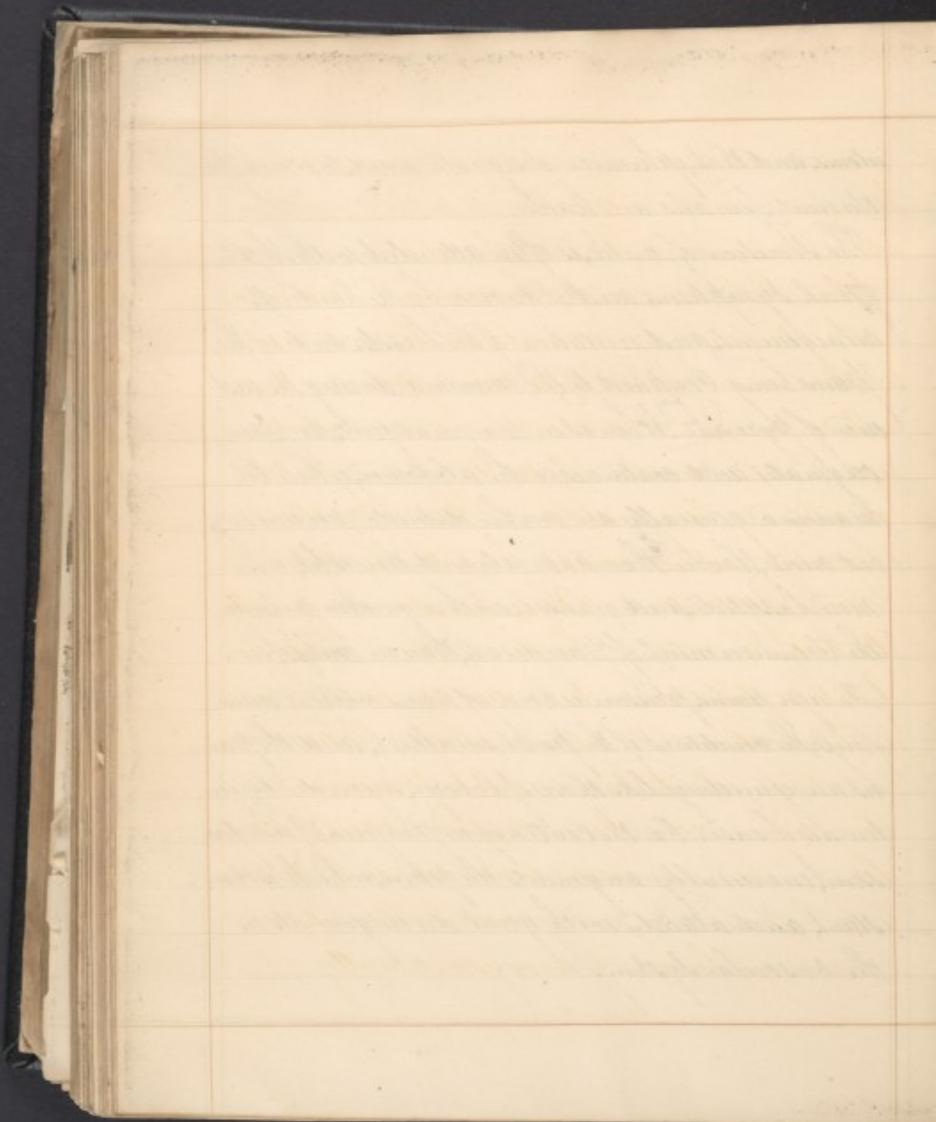
Notwithstanding the necessity and importance of
a distinction between this disease, and the low child
bed fever of lying-in women, I have strongly in-
dicated many writers, I believe, in a therapeutic
point of view, they should be considered absolutely dif-
ferent, the distinction will be made at the instant
it is. The patient, & those however who, hanciously ad-
here to nosological minuteness, may content to begin
the diagnosis, and results of purulent fever there are
circumstances which clearly mark it from peritonitis,
yet I believe they will be found fallacious in practice.
I shall therefore only particularly notice the distinct
ions in milk fever, after preceding inflammation of the

* sometimes



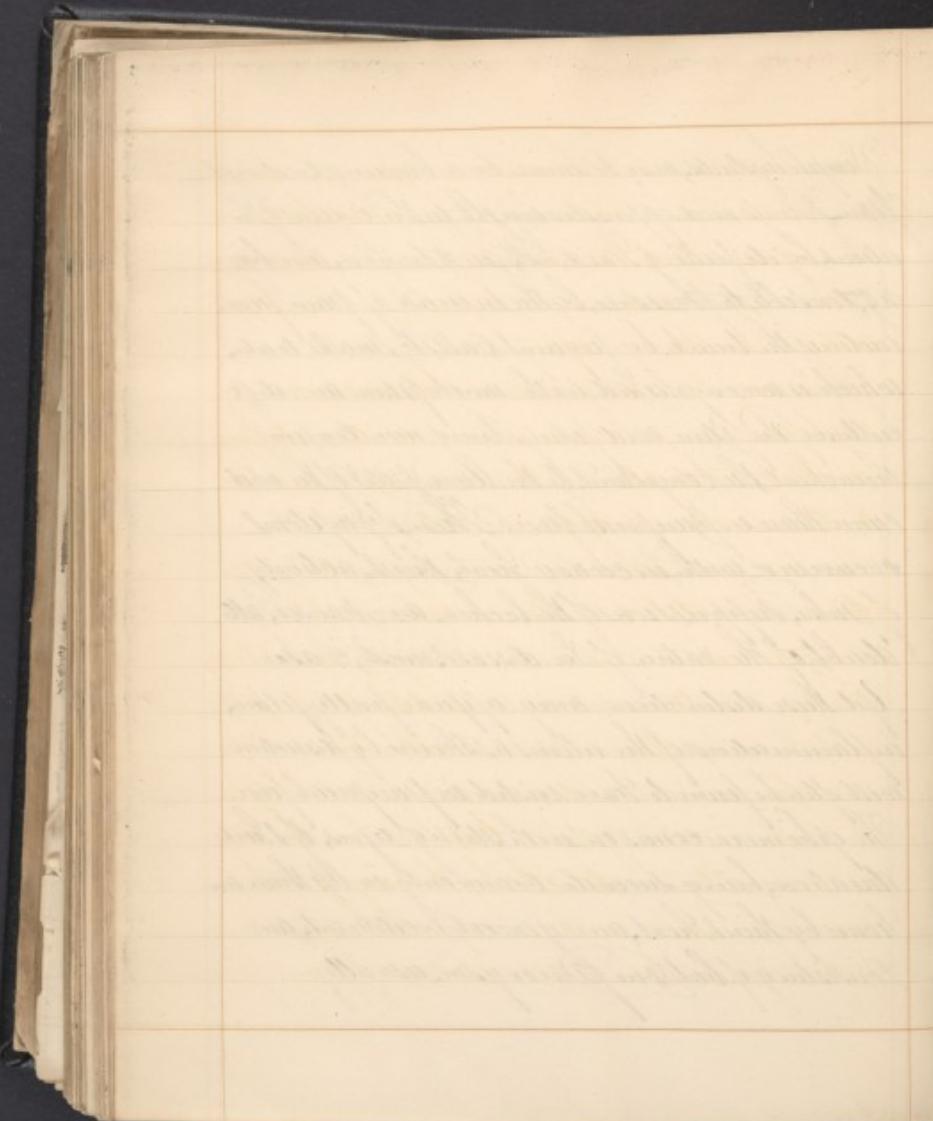
ulous, and that ephemera designate weed, to which the
strenuous females are liable.

The secretion of milk, is often attended with slight
palpable symptoms, and is known by the hardness,
ulcerous, and irritation of the breasts, and by the
teats being contracted to the mamma during the ejection
of pyrexia. Whereas in spontaneous fever, the veins
dilate and constrict in the abdomen while the
mammae generally are neither distended nor enlarged
but more flaccid than natural, and there is likewise
more pulsation, and restlessness, with a quicker pulse in
the commencement of corporal than in milk fever.
In acute pain, pulsation is soon at times without sensi-
tivity; the condition of the pulse is altered, and the pa-
ins are grinding like those of labour, succeeded by in-
tenso also cramps. On the contrary in protracted fever pro-
longed, but gradually augments the pain, which becomes
stanch, and attended with great derangements in
the vascular system.



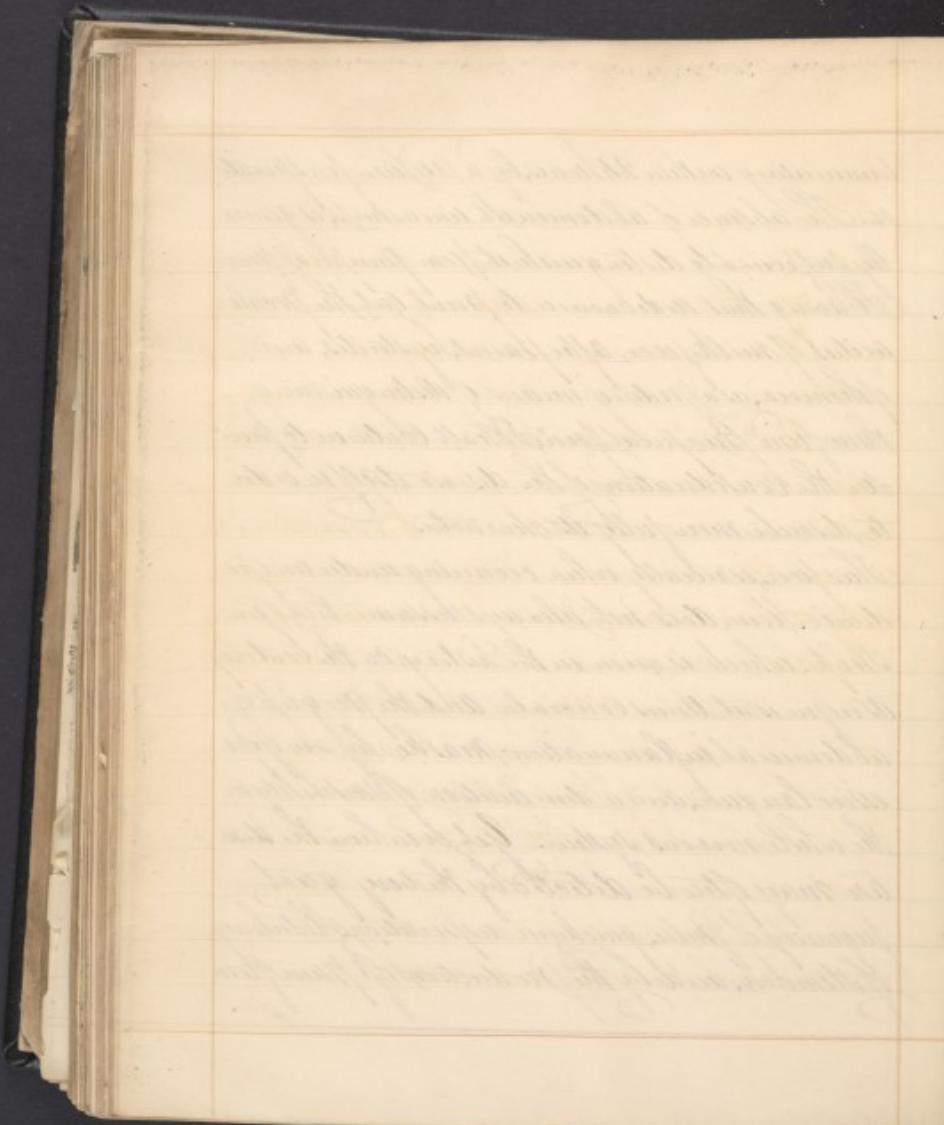
Simpli hysteria may be known by a burning throbbing
Pain, fulness and oppressive weight in the region of the
uterus, by its feeling hard, hot, aust, tawid, aust
and insensible to pressure, by the increase of pain from
rubbing the womb, by frequent calls to make water,
which is accompanied with much pain and diffi-
culty to the womb and uterus being more languid
throughout the complaint, so the lower part of the abdomen
more than in simplicial fever. These symptoms
occurring with increased heat, thirst, activity
of pulse, suppression of the lochia, and spasms; all
doubt of the nature of the disease must cease.

Older distensions may appear partly plain,
inflammation of the uterus as shown by dissection
will often be found to have existed in simplicial fever.
The ephemera comes on with strong signs of blood
detraction, being succeeded commonly in old women
soothe by heat, heat, and general excitability, and
consisting of but one pleur or ysm, usually

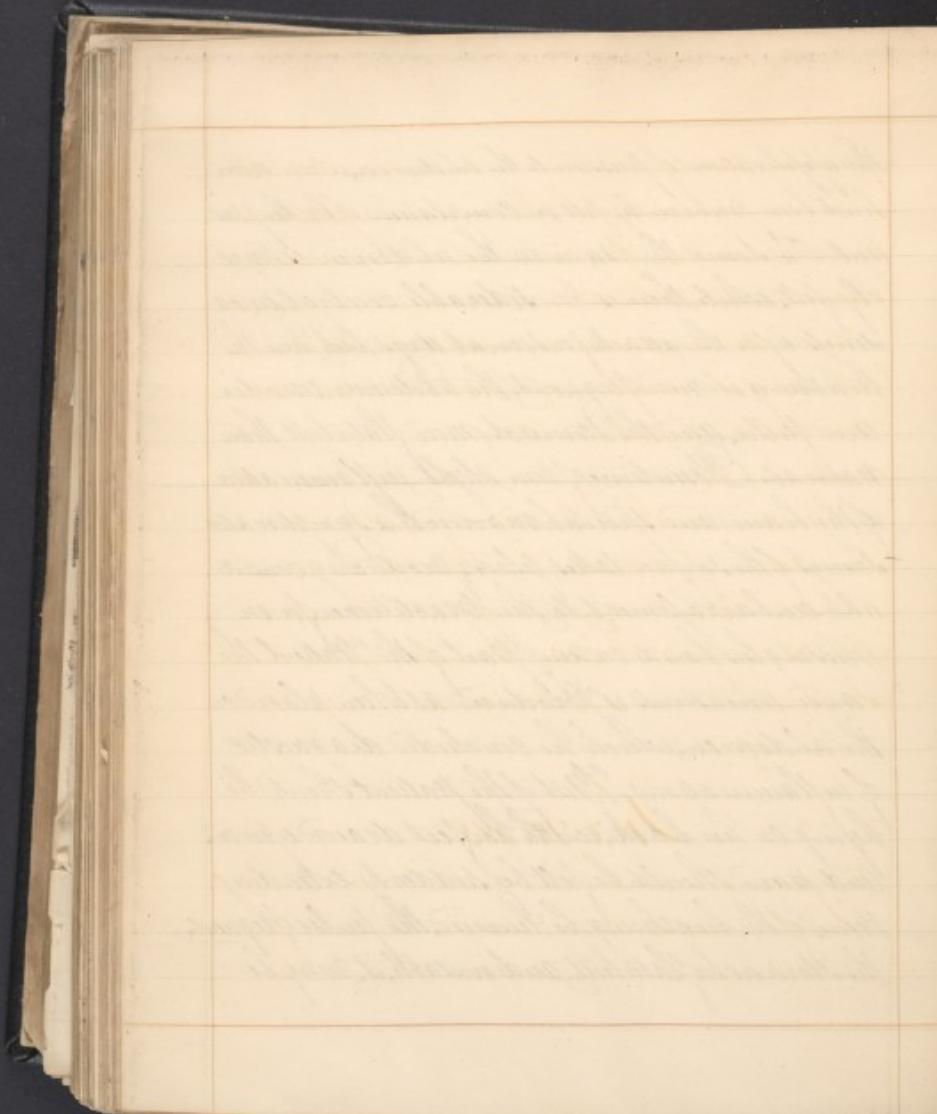


commencing within 24 hours, be a serious inspirator.
The absence of abdominal distress, is generally sufficient to distinguish it from pleural fever.
Having thus endeavoured to point out the peculiarities of milk-fever, after parturition, by sterility, and synoeca, as a judicious means of distinguishing it from Suppulsive fever, I shall continue to pursue the consideration of the disease itself in order to describe more fully its character.

This fever, especially when occurring under an epidemic form, does not always assume that appearance, which is given in the history; on the contrary, its origin is at times concealed under the progress of abdominal inflammation, masked by an oppressive languor, and a diminution of sensibility in the whole nervous system. Yet soon how the disease may often be detected by the very great frequency of pulse, quickened respiration, flatulency of Stomach, and by the production of pain from



The application of pressure to the abdomen, when none had been previously felt or complained of by the patient. In some the pain in the abdomen is scarcely felt, while there is considerable cerebral uneasiness after the attack for several days, but here the breathing is more frequent, the abdomen rounder and fuller, and the stomach more flatulent than natural. Sometimes from slight inflammation of the brain and spinal marrow a symptomatic erythema of the surface takes place, producing considerable embarrassment to the practitioner; for on putting his hand on any part of the patient the same uneasiness is produced as when placed on the abdomen, which he concluded diagnostic of inflammation. That the patient should lie lying on her back, with her feet drawn up and such pain should be felt by suddenly extending them, if the breathing be hurried, the pulse frequent, the stomach flatulent and eructable, it may be



presumed that abdominal inflammation exists.

These two opposite states of the nervous system do not only occur in practice, one in which the sensibility is diminished, the other where it is increased, requiring of the medical examiner in order to avoid error as to the actual condition of the abdomen, abdominal disease and in the examination.

Concerning the state of the lochia the most contradictory opinions have been held by different authors, but the evidence of Armstrong and the other medical writers on this subject, goes to disprove the assertions of the distinguished doctor H. Cawley of Edinburgh, who says the lochia is not suppressed in cases of true puerperal fever.

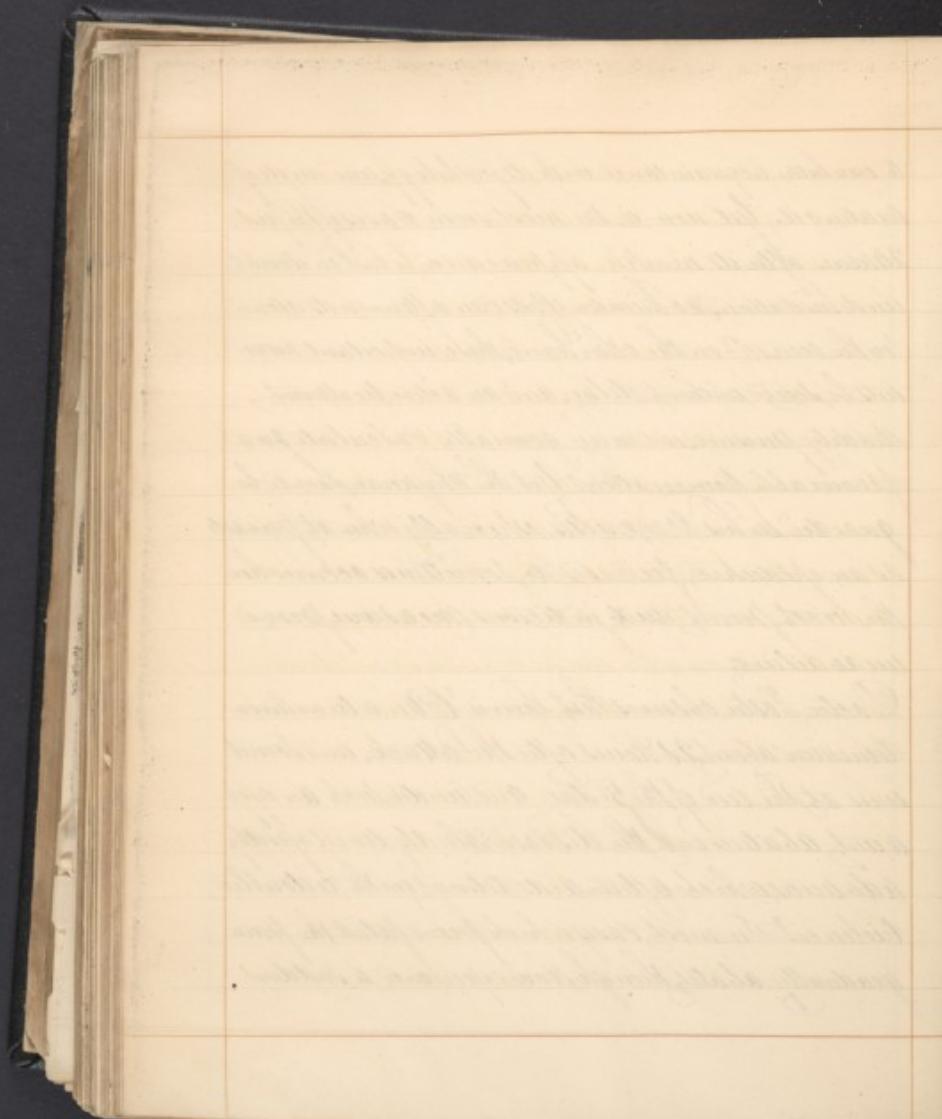
Prognosis.

This disease has always been considered one of the most incurable, and its progress has been marked with great fatality, though much less now than formerly, owing to

W. W. W.

to our better acquaintance with its pathology, and mode of treating it. Yet now in the most severe cases if the first 24 hours after its onset appear to be lost no doubt and hesitation, no human efforts can afterwards atone for the want of time. On the other hand, these important moments be spared without delay, and an active treatment steadily pursued, we may generally calculate on a favourable termination. Yet the physician should be guided by his prudence, especially when it presents in an epidemic; for cases do sometimes occur when the most prompt and judicious measures prove unavailing.

Doctor Foster observes that there is often a truceless remission about 24 hours after the attack, and sometimes at the end of the 3^d day one undergoes an apparently abatement of the disease slightly and rapidly, followed by a继发的 return with redoubled violence. In most cases which prove fatal the pain gradually abates though, and experience a sudden

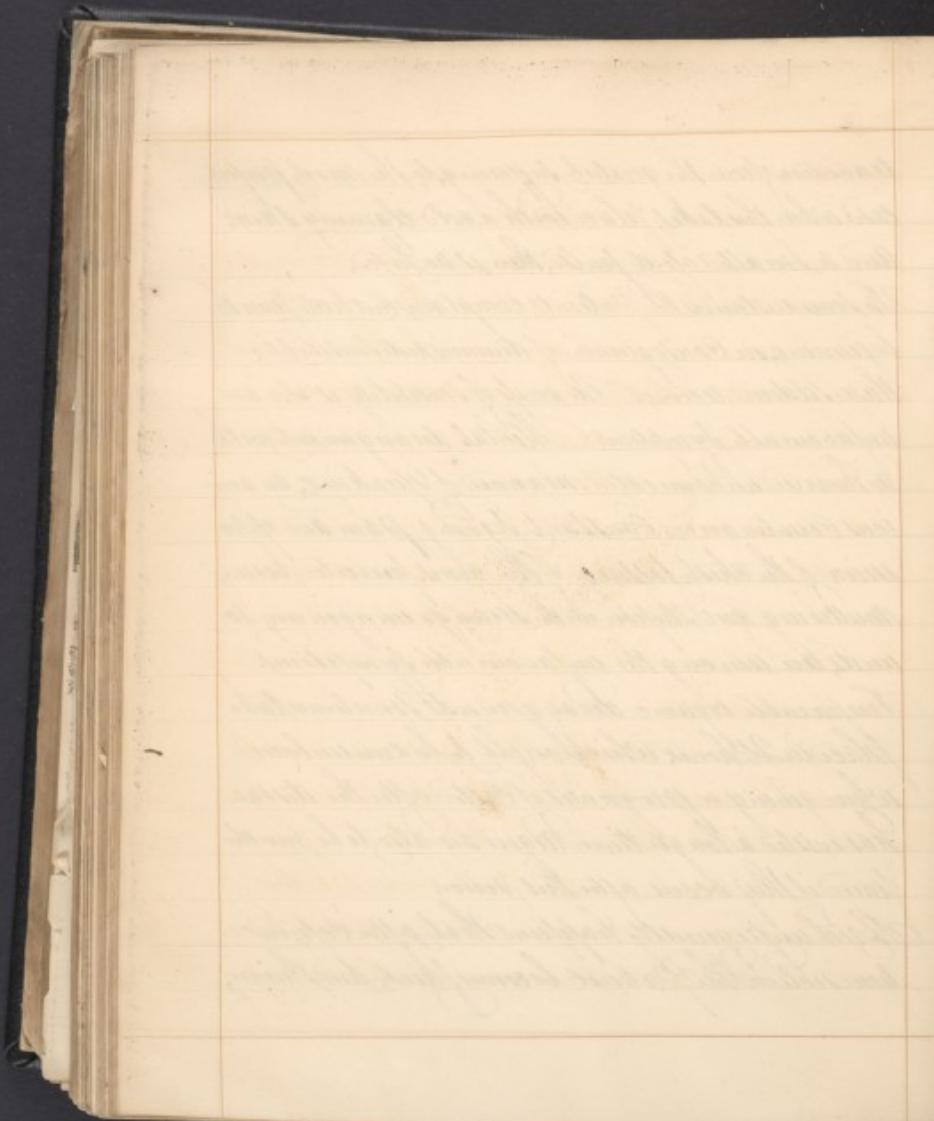


transition from the greatest suffering, to the most perfect ease: when this takes place with a cold clammy skin, and a small red pulse, there is no hope.

In some instances the patient complains but little from the beginning, in consequence of diminished sensibility; these seldom recover. In cases of insensibility is also an unfavourable symptom. Mental derangement with a hurried unconnected manner of speaking, an anxious countenance, constant sighing, pain and oppression of the chest, fastings of the arms, paroxysms of micturition and stool, with strange imaginary sounds, are among the unfavourable symptoms.

Incurable organic derangements sometimes take place in the brain, which ought to be remembered when giving a prognosis if called after the disease has existed a long time. Rages are also to be much feared if they occur after this period.

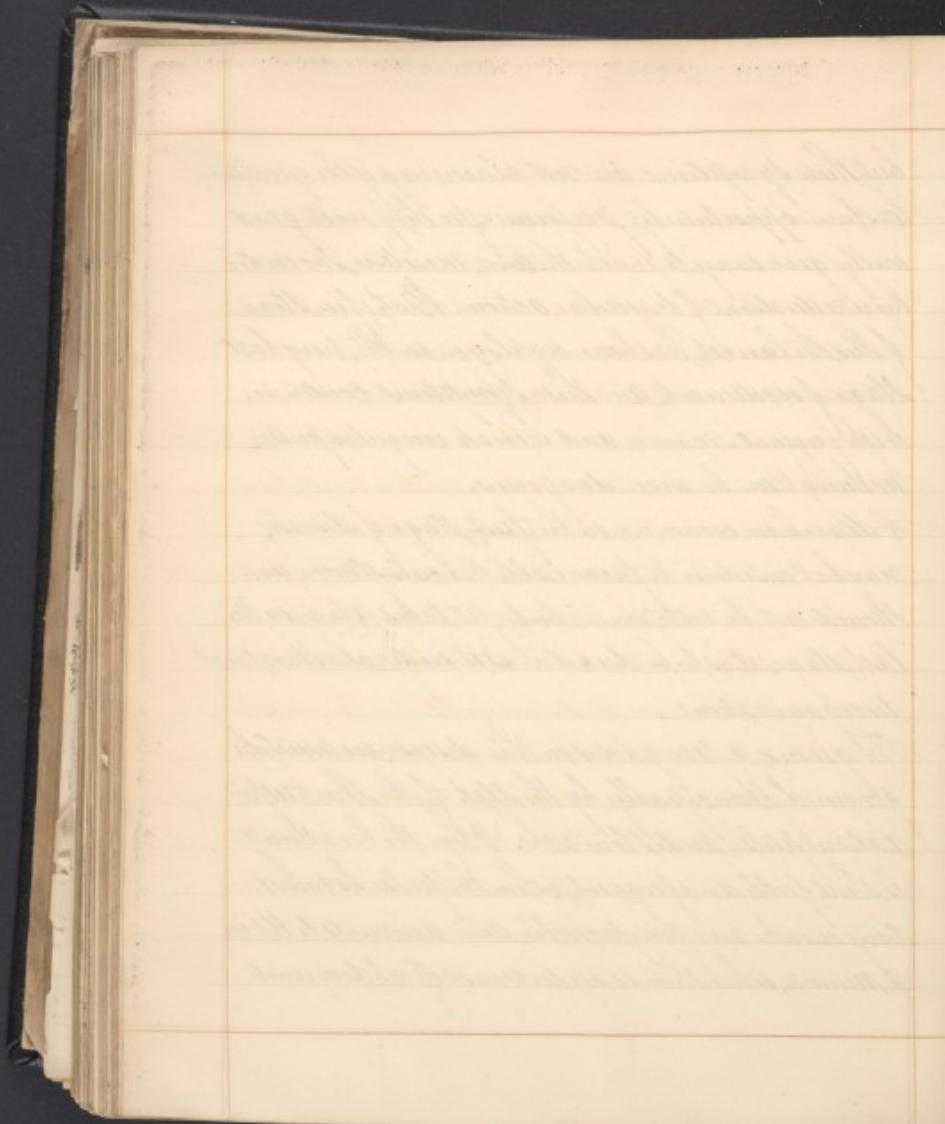
It is not unfrequently happens that after copious hemorrage the patient becomes faint and sleepy,



but these symptoms are not alarming if the operation has been opportunely performed for they will gradually give way to health and moisture, succeeded by a reduction of cerebral action. But if instead of this, the lancet has been employed in the very last stage of excitement, and these symptoms continue, with frequent sighing and a weak irregular pulse, nothing can be more dangerous.

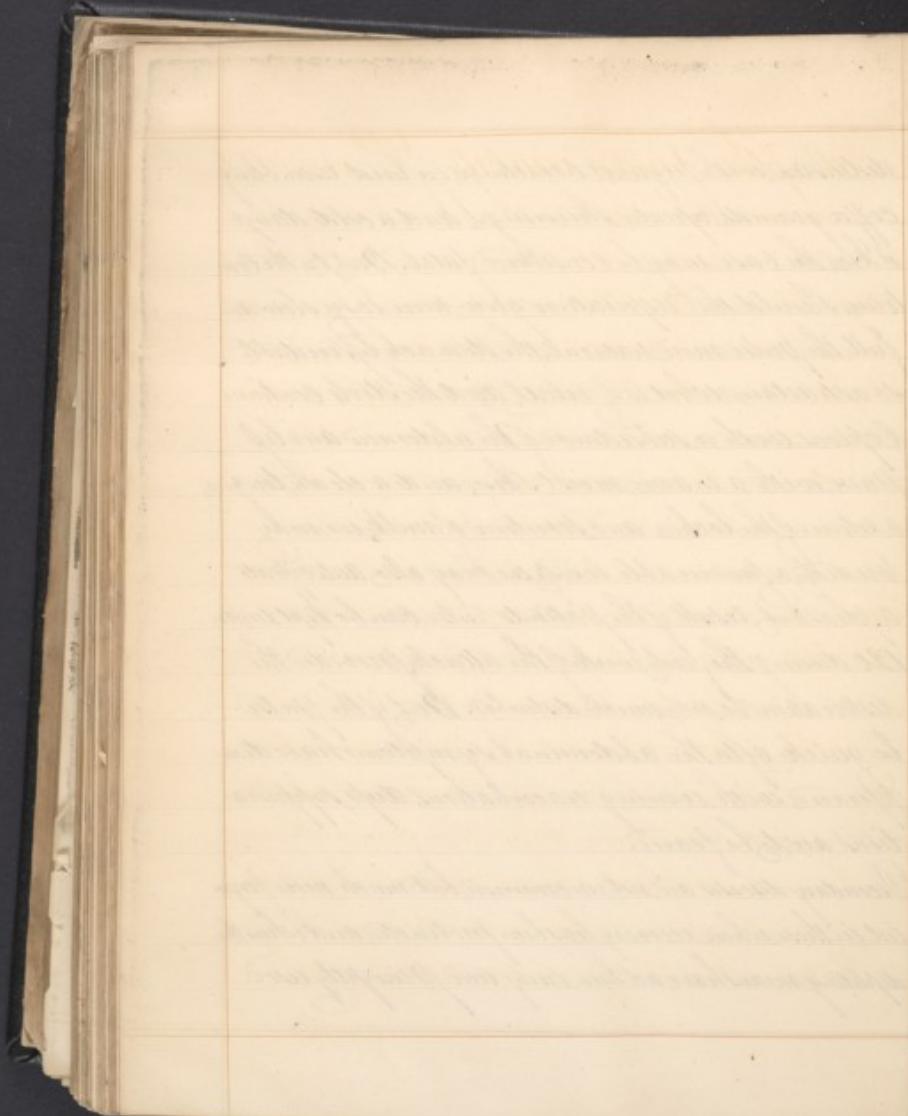
A diarrhaea occurring in the first stage of disease, may be considered a favourable circumstance, and should not be restrained; but if it takes place in the last stage, it is to be dreaded as it indicates structural disorganization.

In giving a prognosis in this disease, we must be governed principally by the state of the three respirations, pulse, and stomach. When the breathing is short, feeble, and frequent, when the pulse becomes very weak and evanescent, and amounts to 100 in a minute, when there is an increase of abdominal



distension, with frequent hæmorrhages, a liquid resembling coffee-ground, replete skin, heat and a cold damp skin, the case may be considerate fatal. But, if the contrary, should the respiration grow more easy slow and full, the pulse more natural, the stomach less irritable so also retains what is of value, and the stools continue copious with a subsidence of the abdominal and left pain, with a warm moist skin, and a clean tongue, a return of the lochia and secretion of milk, we may predict a favourable event; we may also anticipate a pleasant result if the patient's pulse can be kept under 130 during the first week of the attack, provided the respiration be not much distended. But if the pulse be quick after the abdominal symptoms have disappeared, with evening exacerbations, deep suppurations are to be feared.

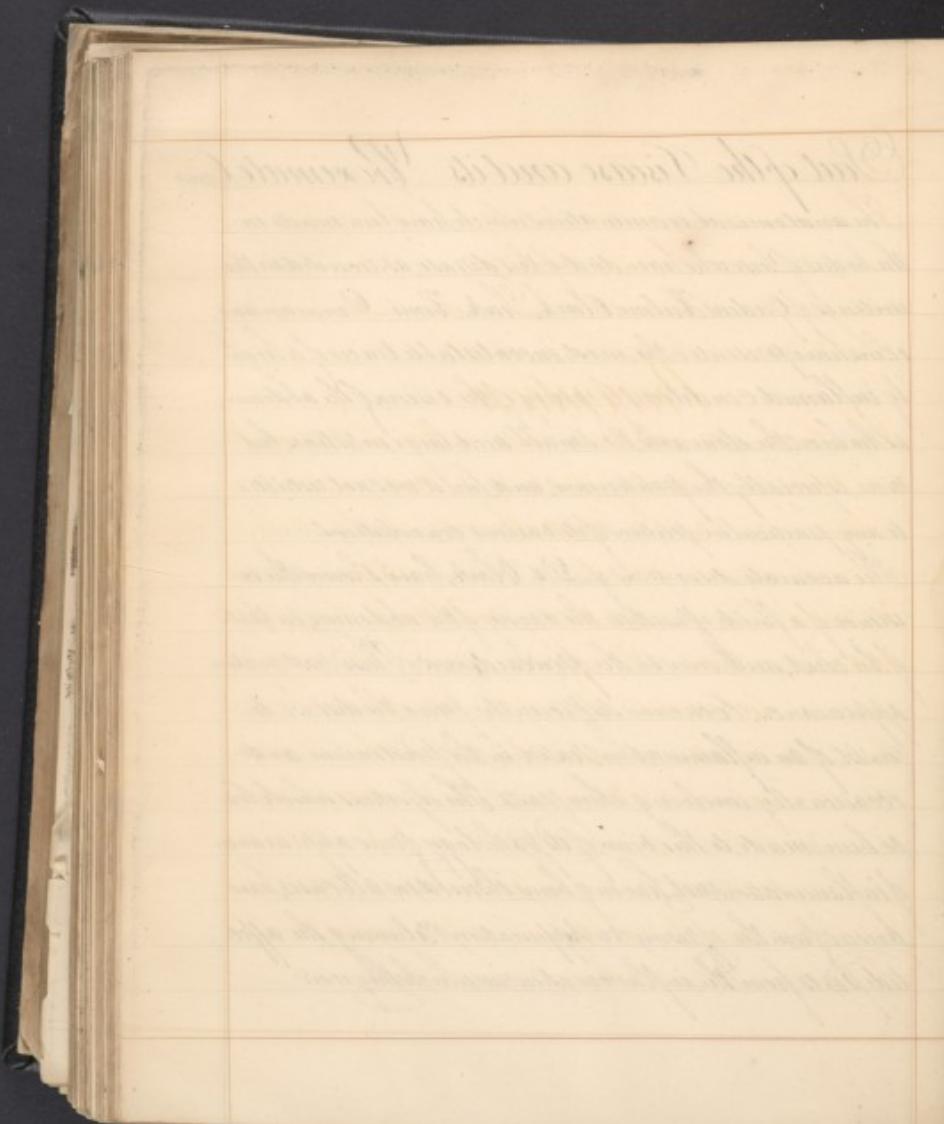
Secondary diseases are not uncommon, but much more frequent in those whose recovery has been protracted, and where the depleting means have not been early and promptly used.



Seat of the Disease and its Proximate Cause

The anatomical examinations which have been made on the bodies of those who have died of this disease, at noon day in the visiting of Cadore Hulme Clark, Cook Army Commandant, thus have presented the most incontestable traces of a highly inflamed condition of many of the viscera of the abdomen, as the liver, the stomach, the small and large intestines, but more especially the peritoneum, and had it not restricted to any particular portion of its various convolutions.

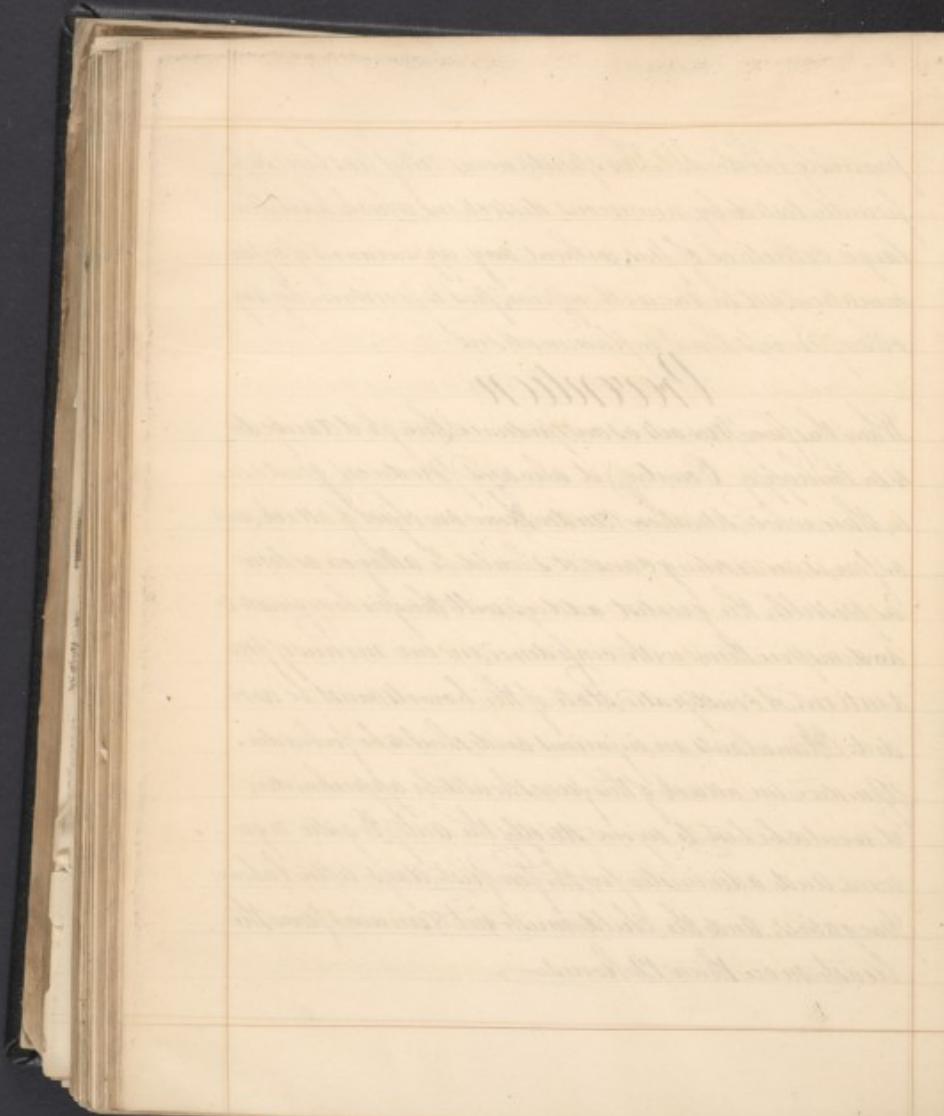
The accurate dissections of Dr. Clark, have shown the existence of a fluid effusion in the cavity of the abdomen, in that of the chest, and even in the pericardium. These last mentioned appearances, conceived sufficiently prove the disease to consist of an inflammation seated in the peritoneum and occasionally involving other parts. The objections which have been made to this view of its pathology from appearances of inflammation not having been observed in all cases, have arisen from the confusion of suppuration & relining the affected parts from the inflammation in which they were



previously involved. This spontaneous relif has been de-
finately tested by numerous distrections which have thrown
large collections of pus, without any appearance of infla-
mmation, yet the true will affirm, pus is produced, by any
other process than inflammation.

Prevention

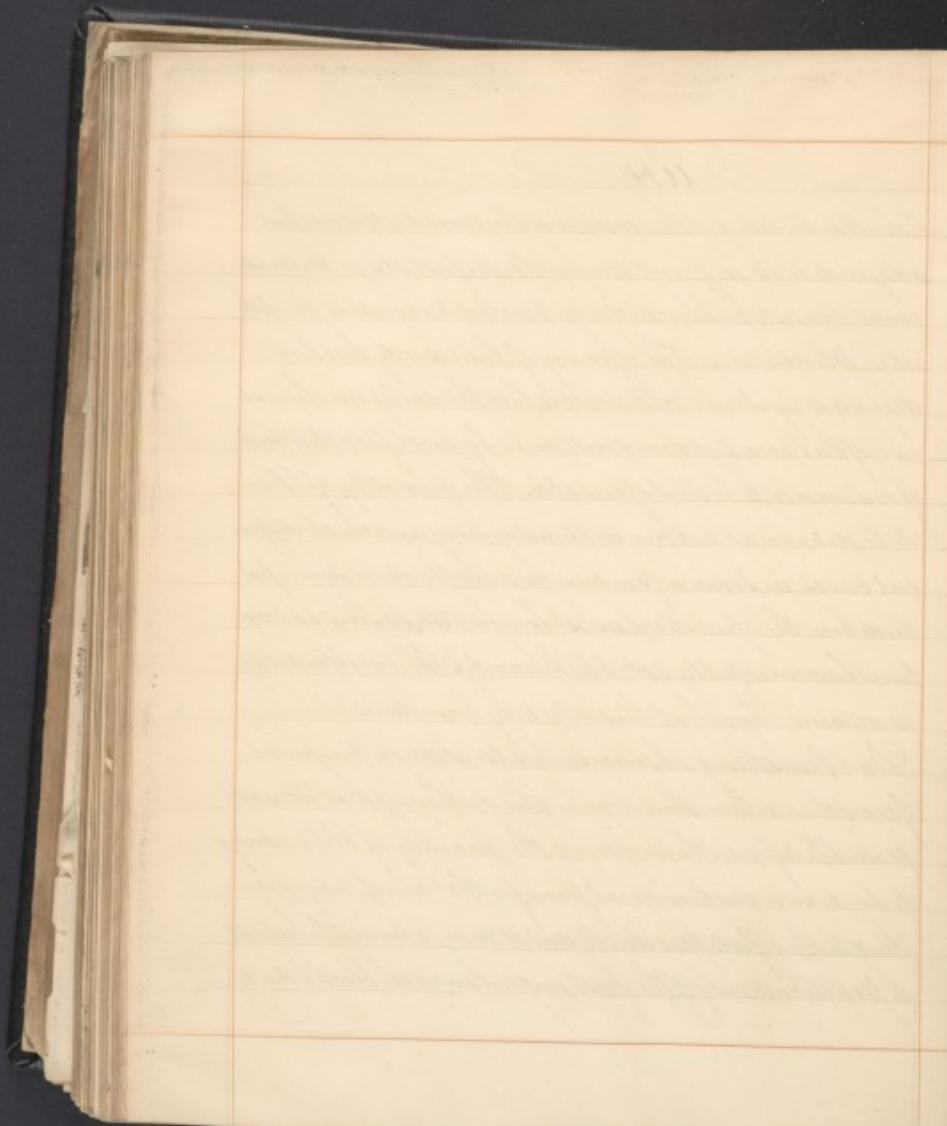
When this fever prevails as an epidemic (though it rarely do-
es in this happy Country) it always produces great alarm
in those whose situation render them an object of attack, and
a fear, is an exciting cause it should be allayed as soon
as possible; the greatest address will therefore be requisite to
and inspire them with confidence, in our means of pre-
vention. A constipated state of the bowels must be avoi-
ded. Stimulants are injurious and should be forbidden.
Should an attack of this fever should be apprehended,
it would be best to enjoin strictly the Anti-syphilitic regi-
men, and administer for the first, days after labour,
Ginger; and the Child must not receive any from the
breast more than 12 hours.



Cure

I shall in treating of this, mention the remedies that are best adapted to its different stages. In the first stage the treatment consists in bloodletting, Emetics, Purgatives, and cathartics. Bloodletting. The efficacy of this remedy has been disputed by some able writers, but the early and liberal use of the lancet is now considered by most practitioners of eminence, to be indispensable. The quantity of blood to be drawn at a time, will vary very much in different cases, in some a few ounces will produce syncope, and here the operation must be suspended, so long as reaction becomes fully established, until the expected relief is attained by what has already been done.

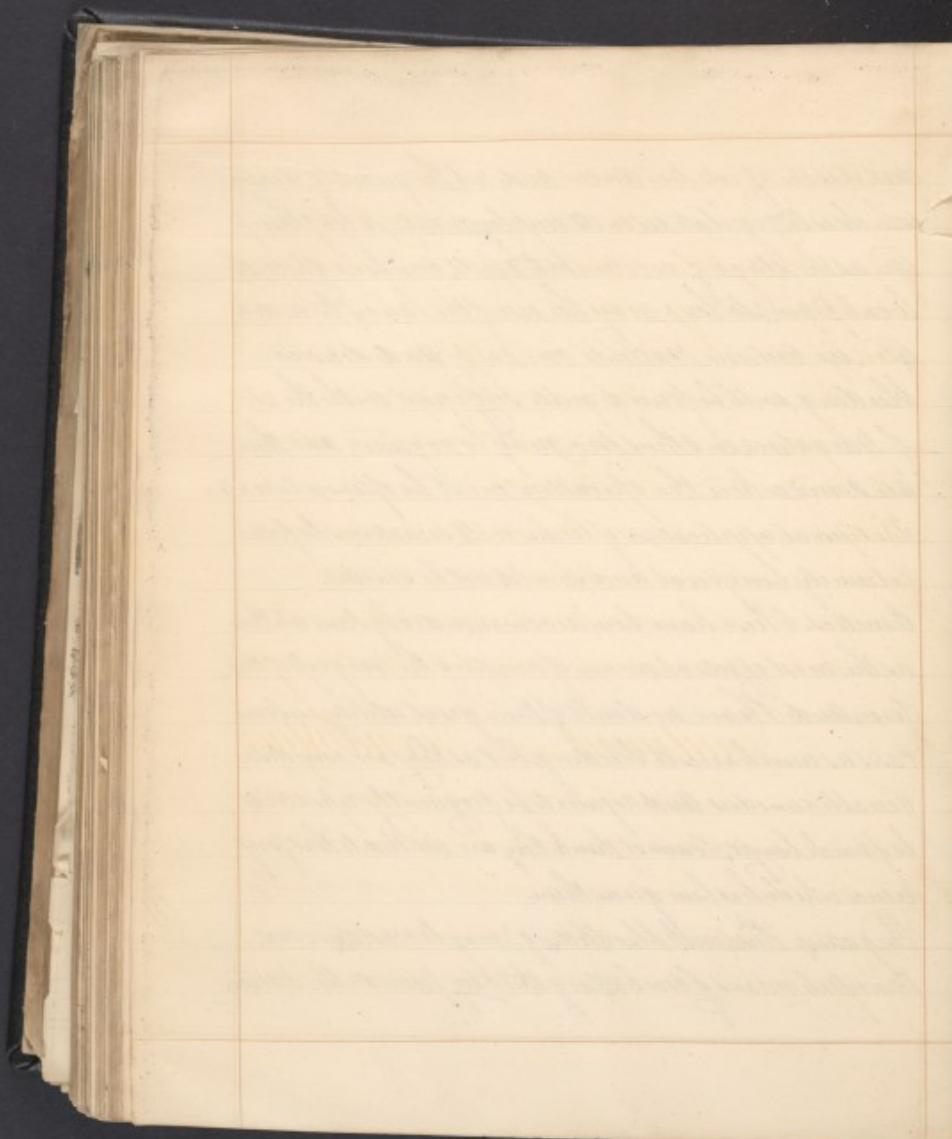
Dr. Armstrong observes in his treatise on purulent fevers (where there is no legal authority that it is not possible to fix with propriety the quantity of blood always to be drawn in purulent fevers) that "what may attending to the effects produced, and it may always be held as a practical rule of the first importance in bloodletting,



that it is the effect produced and not the quantity drawn which is to regulate us in its employment. So long therefore as the stage of excretion has not combined with local pain, so long may the use of the lancet be indicated; in certain patients one early and decisive bleeding will be found quite sufficient with the aid of purgatives; in others two may be required, and thus and where the operation must be often repeated. The topical application of leeches will sometimes be found extremely beneficial and should not be omitted.

Emetics. These have been recommended by some authors as the most effectual means of arresting the progress of this fever, and I have no doubt of their great utility in some cases as auxiliaries to bleeding, but as they are very disagreeable remedies and require to be frequently repeated to be of much benefit, I cannot think they are entitled to that preference which has been given them.

Purgatives. These (with bleeding) may be considered our principal means of combating those very formidable diseases

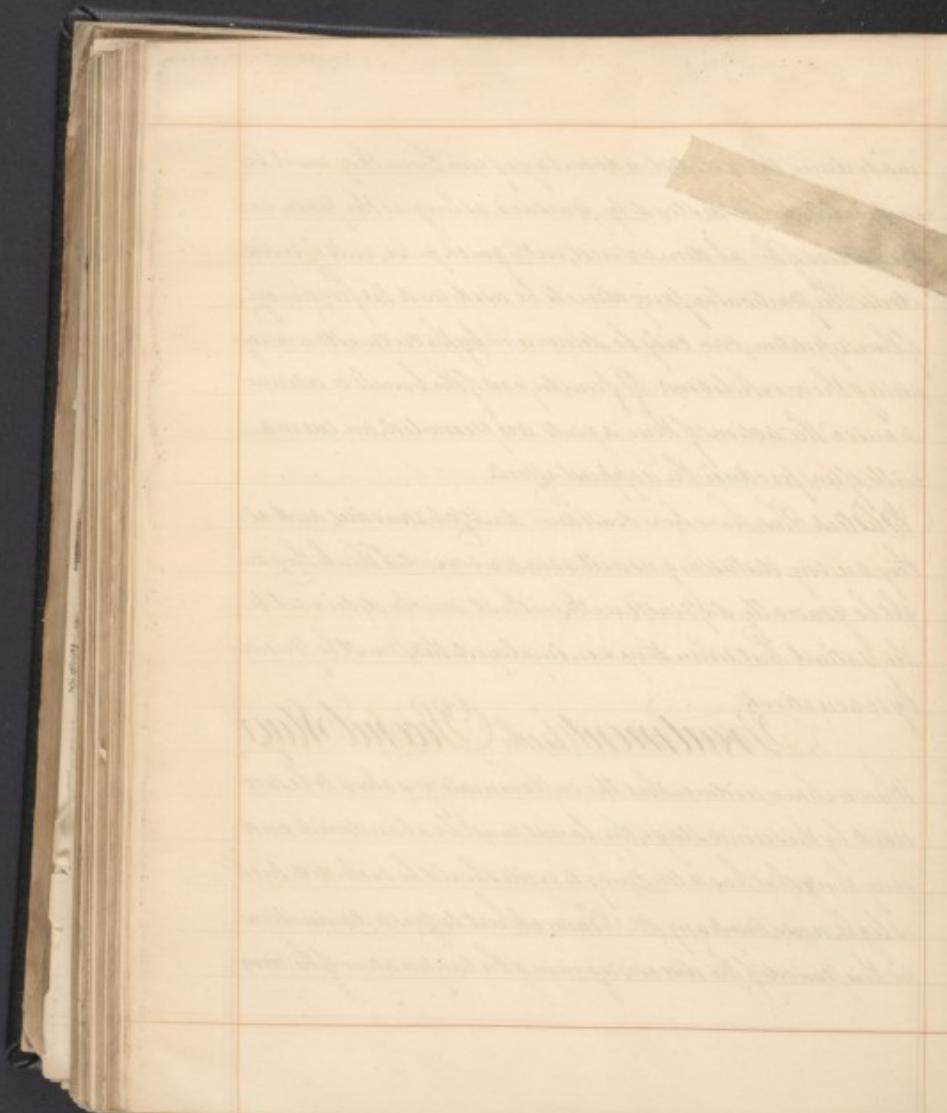


and to derive the greatest advantage from them they must be
early exhibited and steadily pursued as long as the pain and
distension of the abdomen exist, with quick pulse, and of course
stools. The particular precautions to be used and the frequency
of their repetition, can only be determined by the circumstances
surrounding their exhibition. If from torpor of the bowels or extreme
nausea the actions of these agents are protracted, an enema
will often produce the happiest effects.

Blisters. These have been considered doubtful remedies and as
they are very distressing as well as inconvenient I think they might
be generally dispensed with without much detriment to
the patient but when they are employed they must be preceded
by evacuation.

Treatment in the Second Stage

When we have evidence that the inflammatory is about to be succeeded by the second stage, the lancet must be abandoned and
anything that has a tendency to excite should be excluded such
as light, noise, company &c. Prism ablate induces a diminution
in this period of the disease, requiring of the temperature of the room



and covering of the patient to be a wrap. The extremities are also liable to become cold so an equilibrium of heat must therefore be maintained by the application of warm bricks or baths of hot water to them. The diet should be light, consisting of barley-water, rice-water, remoulade &c. Strong coffee is often very grateful and sets well on the stomach so it may be administered freely, especially if vomiting be troublesome. The depletion by the bowels must be continued but not to the same extent as in the earlier stage of the disease. An eminent writer says that when the abdomen is tympanitic & swollen a chinc of the oil of camphorine combined with a dose of castor oil, will often diminish it in a very satisfactory manner.

Treatment in the Final Stage

If the case now may be considered nearly hopeless, it is our duty to render the unhappy victim all the comfort in our power, anything that will contribute to this, should be resorted to, and opiate, stimulants and cordials may now be freely given.

